

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51		/		
2		1					52		/		
3		1					53		/		
4		1					54		/		
5		1					55		/		
6		1					56		/		
7		1					57		/		
8		1					58	/			
9		1					59	/			
10		1					60	/			
11		1					61	/			
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23		1					73				
24		1					74				
25		1					75				
26		1					76				
27		1					77				
28		1					78				
29		1					79				
30		1					80				
31		1					81				
32		1					82				
33		1					83				
34		1					84				
35		1					85				
36		1					86				
37		1					87				
38		1					88				
39		82					89				
40		22					90				
41		22					91				
42		22					92				
43	1						93				
44		1					94				
45		1					95				
46		1					96				
47		1					97				
48		1					98				
49	1						99				
50		1					100				
TOTAL IND.							TOTAL IND.	7			
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS	139			